FILED
Jun 30 1999 8:00am
Secretary of State

FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT
1999 (AMENDED)

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000094017

1. Corporation Name
DELAD PERSONNEL,INC.

Principal Place of Business	Mailing Address
PO BOX 53-1223 MIAMI FL 33153-1223	PO BOX 53-1223 MIAMI FL 33153-1223

06/30/99 90006 030 70.00
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 29	Zip 29 / Country 30

3. Date Incorporated or Qualified
12/30/1994

4. FEI Number
65-0665668 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May be Added to Fees

7. This corporation owes the current year Intangible Personal Property Tax ☐ Yes ☐ No

8. Name and Address of Current Registered Agent

OLADUNNI, DELE
6600 N.W. 27TH AVENUE
SUITE A-6
MIAMI FL 33147

10. Name and Address of New Registered Agent

81 Name FOLASHADE OLADUNNI
82 Street Address (P.O. Box Number is Not Acceptable) 6600 NW 27TH AVENUE
83 SUITE A-4
84 City MIAMI FL 85 Zip Code 33147

11. Pursuant to the provisions of Section(s) 607.0502 and 607.1908, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE [signature] DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	PRESIDENT ☑ Change ☐ Addition
NAME	OLADUNNI, DELE ☐ DELETE	12 NAME	FOLASHADE O. OLADUNNI
STREET ADDRESS	6600 NW 27TH AVE	13 STREET ADDRESS	6600 NW 27TH AVE, SUITE A-4
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	MIAMI, FL 33147
TITLE	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	6/30/99

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an entry in Block 13.

SIGNATURE: [signature] 05/04/99
SIGNATURE AND TITLE OF CHAIRMAN, PRESIDENT OR OTHER AUTHORIZED OFFICER OR AGENT — DATE